

# Chapter 11

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## REFUGEE, MIGRANT AND IMMIGRANT HEALTH



## **Refugee, Migrant, and Immigrant Health<sup>1</sup>**

### **Refugees**

A refugee is defined by the United Nations as a person forced to flee his or her country of origin due to persecution or fear of persecution because of religious, political, or other beliefs. All refugees enter with documents, having been awarded refugee status by the Immigration and Nationalization Service (INS).

Many refugee children experience trauma and loss. They lose their homes, friends, clothing, toys, and many times, members of their family. They are exposed to political violence and poor living conditions. Although some children are more resilient than others, Post Traumatic Stress Disorder (PTSD) is common among refugee children and their families. It may even effect the next generation born in the U.S. Families may also be deprived of food and medical care. When severe malnourishment occurs before the age of three, children may experience permanent physical and intellectual deficits<sup>2</sup>.

The primary refugee group in Texas is from Vietnam, however the number of new arrivals from Vietnam is slowly decreasing due to the end of the Vietnamese refugee program.<sup>3</sup> It is anticipated that the number of refugees settling in Texas from the former Yugoslavia, Iraq, Cuba, Somalia and Sudan will continue to grow.

### **Immigrants**

An immigrant is defined as a person who is a citizen of one country but decides to become a resident of another country. An immigrant comes into the country legally through the immigration program implemented by the INS, or illegally by crossing national borders without the proper visa. U.S. immigrant priorities are based on family reunification and skills not available among U.S. workers.

The primary immigrant group in Texas is from Mexico.<sup>4</sup> The second largest group is from India, followed by El Salvador, and China.<sup>5</sup>

### **Family and Health Issues**

Recent arrivals to the United States, whether refugees or immigrants, face a period of enormous change and adjustment that can affect their physical and emotional well being. Many families leave their countries due to violence, political strife, or

poverty. For some students, the trauma in their backgrounds, in addition to the unsettling or stressful experience of being in a new country, may create physical symptoms such as headaches or fatigue that cannot be clearly identified as physical in origin. They may also exhibit psychological disorders, such as depression, or anxiety. Therefore, healthcare providers should always assess mental health needs in refugee and immigrant populations.

Health practices are affected by variables such as cultural orientation, religious beliefs, and linguistic considerations. Schools and health care providers may have limited knowledge about the cultural backgrounds, social expectations, and work experiences of refugee and immigrant populations, including their health beliefs, attitudes, and cultural life-styles.

Awareness of factors that may prevent newcomers from seeking care can help a school intervene on behalf of a refugee or immigrant student. The following issues, commonly shared by many newcomers, create a challenging situation for school personnel working with parents or other family members of school children.

In many non-Western countries, the family unit is more important than the individual. Family priorities in time, money, and other resources are decided based on what the family needs and not necessarily the individual. This orientation to family sometimes conflicts with the U.S. concept of individualism. For example, a school nurse may notify a student's family that the student needs glasses based on a vision screening. If several weeks go by and the student does not have glasses, some nurses may conclude that the family doesn't care about the child's needs. From the family's perspective, the child's needs are definitely important but were of lesser priority at that time than the father changing jobs, the mother having a cold, and another sibling who needed new shoes. These conflicts in the priority of the individual vs. the family can be defused if school personnel understand the family's group perspective.

Another family issue that may cause conflict are the varying rates at which different family members acculturate. Children generally learn the U.S. culture more quickly than parents, who may be struggling to retain their more traditional values. Conflicts between parents and children may occur and can be potentially problematic, particularly in the adolescent years. Nurses should keep this in mind when assessing refugee and immigrant families, and should consider the need for family counseling or intervention.

**Language**

When English is a second language communication can present a significant barrier between families and school personnel, health care providers and others in the community. Often, children learn English before their parents do, and are expected to interpret. This role can become problematic when children interpret conversations and consciously or unconsciously change the information exchanged to meet their parents' or teachers' expectations or needs. They may also circumvent parents and make decisions for which they are not developmentally ready. Children should not be used as interpreters, unless there is no other alternative<sup>6</sup>.

According to Title VI of the Civil Rights Act of 1964, public institutions are required to provide interpretation for clients with limited English proficiency. Therefore, school nurses should consult with school district representatives regarding procedures for supplying interpreters within local public schools when needed for health care.

**Institutional Barriers**

Specialized services for new immigrants or refugees may be scarce and difficult to access. The Texas Department of Human Services' Office of Immigrant and Refugee Affairs administers a Refugee Resettlement Program. This program consists of cash and medical assistance, social services, employment services, English as a Second Language (ESL) classes, interpretation, transportation, and child-care. Health related services, and emergency services are also provided. Refugee health screening is provided by the Texas Department of Health. Unfortunately, these programs are only available for refugees, not immigrants. Undocumented immigrants are at even greater risk; without a work permit most undocumented immigrants have no access to health insurance. They rely on hospital emergency rooms for health care. School nurses should be aware of local health services available for undocumented immigrants in case a referral is needed.

**Cultural Beliefs About Health Care**

It is extremely important for school personnel to learn about the communities and the cultures of their students. For example, prevention is not a common approach to health care in many parts of the world. As a result, many newcomers may wait until they are in crisis, either physically or emotionally, before seeking primary care. It is helpful to talk with a family or with a community agency to assess their knowledge of and experience with Western health care systems. In many cultures there is a reluctance to seek outside help for problems, and this is especially true for families with mental health problems.

### Strategies for Cultural Assessment<sup>7</sup>

The following strategies for cultural assessment serve as guidelines for school personnel in transcultural interactions:

- Consider students and their families as *individuals* before considering them as members of a specific cultural group in order to avoid stereotyping.
- Never presume that an individual's ethnic identity is any indication of his or her cultural values or patterns of behavior. There is a lot of variation within ethnic groups.
- Treat all presumptions about cultural values and traits as hypotheses to be tested anew with each individual. Turn what you thought were "facts" into questions.
- Take into consideration that newcomers are bicultural of necessity, and face the task of integrating at least two different cultures that may conflict.
- Some aspects of an individual's cultural history, values, and life-style may prove relevant to a school health situation; others may be simply interesting professionally. Do not prejudge which areas are relevant to an individual's understanding of any health issue.
- Understand the dynamics of cultural pluralism.

### Mexican/ Hispanic and Latin American Immigrants<sup>8</sup>

The most common reason people migrate from Mexico and other Latin American countries is to improve their economic status. Mexican immigrants range from those with post-graduate degrees who have come to the U.S. for professional employment, to newly arrived low-income workers who speak no English.

Familialism refers to the belief that the family should be considered above all personal or community needs and is universally valued in the Hispanic community. Machismo refers to the masculine sense of honor basic to Hispanic manhood and self-esteem. Men are expected to be the primary provider for the family and the father or oldest male in the family is the primary decision-maker. Although many women work outside the home, they are expected to maintain homemaking, childrearing, and the integrity of the family as their first priority. Religion (most commonly Roman Catholic) occupies a prominent role in the lives of most Hispanic families.

Spanish is the primary language of Hispanics. Although 90% of Mexicans and an even higher percent of Mexican-Americans are literate, reading and writing are not common means of communication among those from lower socio-economic backgrounds. The most commonly found books in Hispanic households are schoolbooks, pictorial novelettes, and the Bible.

Verbal communication with Hispanics should be respectful and formality should be observed, especially when speaking with parents or older persons. The “usted” form of verb conjugation is the most appropriate in work settings. Direct, prolonged eye contact should be avoided and physical contact or use of first names is uncommon until a relationship has been established.

### **Health Beliefs**

While many in Hispanic communities believe in current biomedical theories and use medical health centers as their source of primary care, folk beliefs and practices remain an important component of health care. Many times these beliefs may not be expressed to health professionals. Hispanics may seek simultaneous treatment from lay healers such as curanderos (healers who intervene on physical and spiritual dimensions), yerberos (herbalists) and physicians. Physical or mental illness may be influenced by the social, emotional, spiritual, or humoral state and may be due to an imbalance of “hot” and “cold”.

“Hot” conditions are generally characterized by vasodilation and a high metabolic rate. Examples of “hot” conditions include: pregnancy, hypertension, diabetes, acid indigestion, susto (“fright”), ojo, and bilis.

“Cold” conditions, on the other hand, refer to conditions characterized by slow metabolic rate and vasoconstriction. Examples of “cold” conditions include menstrual cramps, frio de la matriz (“cold uterus”), coryza, pneumonia, empacho (stomach ache), and colic.

In general, “hot” conditions are treated with “cold” remedies and “cold” conditions, treated with “hot”.

**Common Folk Illnesses that may be Encountered in Children:**

- Bilis: bile flowing into the blood stream after a traumatic event causing nervousness.
- Caida de la mollera: sunken fontanelle.
- Decaimientos : fatigue and listlessness of a spiritual cause.
- Empacho: intestinal obstruction with abdominal pain, vomiting, constipation, anorexia, or gas and bloating.
- Mal de Ojo: (“Evil Eye”) may affect infants or women. It is caused by a person with a “strong eye” (especially green or blue) looking with admiration or jealousy at another person. Mal de Ojo can be avoided by touching an infant when admiring or complimenting it.

**Common Folk Remedies**

Common folk remedies that may be encountered in the Hispanic population include garlic (ajo) for antibiotic, anti-tussive; lead/mercury oxides (azarcón) for empacho, teething; wormwood (estafiate) for worms, colic, diarrhea, cramps, bilis, empacho; eucalyptus (eucalipto) for coryza, asthma, bronchitis, tuberculosis; chamomile (manzanilla) for nausea, flatus, colic, anxiety; oregano (oregano) for coryza, expectorant, worms; peppermint (yerba buena) for dyspepsia, flatus, colic, susto.

**Health Risks in Immigrants and Refugees from Latin America** (except Cuba, where the primary risks are malnutrition, tuberculosis, and dengue fever):

- Malaria
- Intestinal parasites (helminthic, amebiasis, giardiasis)
- Hepatitis B
- Low immunization rate (risk for measles, mumps, rubella, diphtheria, pertussis, tetanus)
- Chagas disease (trypanosomiasis)
- Filariasis, leishmaniasis, onchocerciasis, lymphatic filariasis, cysticercosis, schistosomiasis, echinococcosis
- Typhoid fever
- Sexually transmitted diseases (STDs), including HIV
- Depression



## **Cuban Refugees and Immigrants**

Many Cubans have fled Cuba since the communist government led by Fidel Castro gained power in 1959. The Cuban refugees that have come to the U.S. range from wealthy professionals to the impoverished. It is difficult to identify a single Cuban culture because of variations in social class and ethnicity in addition to the difference between those from a rural background and an urban background.

### **Traditional Health Practices**

Cubans traditionally view health as a sense of well-being, freedom from discomfort, and a robust appearance. Cubans have come from a health care system where care is free to everyone and equally accessible by everyone. In the U.S., Cubans may be confused and frustrated by a system that treats poor people differently than the rich, and denies care to some based on their ability to pay. Nurses may need to orient Cubans to the intricacies of the US system (i.e., HMO's, PPO's, deductibles, co-pays, etc.). Most Cubans arrive in the U.S. with vaccinations up-to-date or near up-to-date. Despite significant success in efforts to improve health by the Cuban government, shortage of medications, poor diet, and other factors have resulted in a variety of untreated chronic illnesses, especially among middle-aged and older Cubans arriving in the U. S. Among Cubans, physicians are highly respected and expected to take on a more direct role in patient care rather than a partnership role.

### **Health Risks in Refugees and Immigrants from Cuba:**

- Malnutrition
- Tuberculosis
- Dengue fever

## **Iraqi Refugees**

Many Iraqis who opposed Saddam Hussein prior to and during the Gulf War resettled in the United States. The transition has not been an easy one, as the U.S. government's decision to resettle the Iraqis was met with considerable opposition from U.S. veterans. Iraqis who now live in the U.S. fear retribution against their families who remain in Iraq, and, consequently, contact with family in Iraq is limited.

Most Iraqis speak Arabic and are Shiite Moslems; however, Iraqis from the capital area of Baghdad are generally Sunni Moslems. There are few differences between

these sects, but the Shiites tend to be stricter in religious practices, food proscriptions, and treatment of women. Shiite Moslem women typically dress in black and keep their bodies and faces covered. At public events and even within the home, women are segregated from men. It is unacceptable to shake the hand of a Shiite woman. Sunni women are typically less restricted, especially in the U.S.

The Moslem religion governs the diet of most Iraqis. Any meat consumed by a Moslem must come from an animal slaughtered by another Moslem or it is considered impure. For this reason, many Iraqis do not purchase meat from a grocery store. Pork and alcohol are also considered impure.

Birth control is virtually nonexistent in Iraq because limiting birth or interfering with conception is against the laws of Islam. However, Iraqis in the United States are beginning to use birth control with the rationalization that limiting births is a way to achieve adaptation and economic sufficiency.

### **Traditional Health Practices**

Common remedies for a stomachache include cumin powder dissolved in water; green tea; and the karawya herb dissolved in water. The karawya herb dissolved in water is also used for diarrhea, as are lemon juice and plain rice. For a cough, honey and lemon juice together, as well as lemon and orange juice together, are used. To cure a cold, a person may be placed in a steam tent for up to 24 hours. Fever is treated by heating cumin and egg yolk in water and then placing a rag dipped into this mixture on the forehead.

### **Health Risks for Refugees from the Middle East:**

- Thalassemia
- Schistosomiasis
- Parasites (hookworm, amoebae, echinococcosis)
- Leprosy
- Tuberculosis
- Post Traumatic Stress Disorder

### **Somali Refugees**

In 1988, a full-scale civil war broke out in Somalia, and since then there has been

continuous warfare. In 1991, more than one million Somalis fled to neighboring countries to escape the mass starvation and violence, and several thousand have resettled in the U.S. Within Somalia, patrilineal clans dominate society, and many people are still loyal to their clans following resettlement in the U.S.

Somali is the common language of Somalia, and many Somalis also speak Arabic since Islam is widespread in Somalia. Many Somalis speak English depending on their experiences with the former colonial powers in Somalia. Most Somalis adhere to the Islam religion, in which there is a strict separation of the sexes, and women are expected to cover their bodies in public.

### **Traditional Health Practices**

Herbal medicines are widely used in Somalia, especially for chest and abdominal symptoms. Healers usually treat psychosomatic disorders, sexually transmitted, respiratory and digestive diseases.

Contraception is uncommon among Somalis given their adherence to Islam. To keep women pure, chaste, and faithful to their husbands, female circumcision is common for Somali girls between the ages of 8 and 10. Female circumcision is practiced by many Moslems throughout the Middle East and Africa. The practice may involve removal of the clitoris and the labia minora and labia majora, or only removal of part of the clitoris or any variation in between. The sides of the labia are frequently sewn together, leaving a small opening for menstruation and urination. It is illegal to perform female circumcision in the U.S.

### **Health Risks in Refugees from Somalia:**

- Malnutrition
- Intestinal parasites (Enterobius, Trichuris, Strongyloides, and Ascaris)
- Filariasis
- Leishmaniasis
- Hepatitis B
- Tuberculosis
- Low immunization rate
- Dental caries
- Typhoid fever
- Malaria
- Trachoma

- Syphilis
- Dengue fever
- HIV infection
- Diarrheal illnesses
- Hansen's disease

## **Sudanese Refugees**

Covering more than one million square miles, Sudan is the largest country in Africa. It is also one of the poorest and least literate countries in the world. It has been plagued by civil war between Islamic fundamentalists and African ethnic groups in the south, many of whom are Christian, for the last 50 years. Government tactics included withholding food and resources in areas already devastated by drought, starvation, and warfare. Refugees from the Sudan vary. The majority are from various minority ethnic groups from the south fleeing starvation, religious and political persecution. There are also dissenters from the north who have escaped the fundamentalist Islamic regime.

The southern region of Sudan is tribal, and the language of the Sudanese is quite varied as each tribe has its own language. Rudimentary Arabic is spoken by most Sudanese. It is the official language of business and commerce. English is spoken by a minority of people, but is more common in the south. Few Sudanese are literate.

The majority of Sudanese in the north are Muslim and many of those in the south are Christian. Although specific traditions and beliefs vary from tribe to tribe, most Sudanese have spiritual beliefs and respect their influence on health and illness. Many tribal people believe in a pantheon of Gods, spirits and supernatural beings as well as in the spirits of birds and animals. Often, alterations in health are attributed to offended spirits and spiritualists are consulted to determine the appropriate remedy or offering. Many also believe in “spells” that may be cast simply by looking at a person.

### **Health Beliefs and Practices**

Many Sudanese practice herbal and “traditional” remedies. These are used by resettled refugees; however, they are limited by lack of availability of the herbs in the U.S. and lack of specialists to prepare them.

Resettled Sudanese have multiple barriers to accessing health care in the U.S., including language and cultural obstacles, name and birth date discrepancies and lack

of previous medical care. Due to limited finances and health care facilities in Sudan, many have experienced a chronic shortage of care and medicine. Some Sudanese newcomers may share prescriptions for similar symptoms, and discontinue treatment as soon as symptoms have resolved.

Birth records of southerners are rarely kept, many only know the year and season of their birth. When no documentation is available, refugees are assigned January 1 as the birthday. This makes it difficult to assess immunization records and growth in immigrant children. Female circumcision is commonly practiced among Sudanese, especially in the north. Some refugees will seek this procedure from health care providers in the U.S. according to their traditions. Birth control is frowned upon but in the north, polygamy is practiced and is viewed as a sign of wealth and prestige.

**Health Risks of Refugees from East Africa:**

- Malnutrition
- Intestinal parasites
- Filariasis
- Leishmaniasis
- Hepatitis B
- Tuberculosis
- Low immunization rate
- Dental caries
- Typhoid fever
- Malaria
- Trachoma
- Syphilis
- Dengue fever
- HIV infection
- Diarrheal illnesses
- Leprosy

**Bosnian Refugees**

Prior to February 1992, Bosnia-Herzegovina was part of Yugoslavia. Bosnia's declaration of independence in 1992 led to the outbreak of the current war. Prior to the war, Bosnia's population was about 44% Muslim, 31% Serbian, 17% Croatian and 8% small numbers of other ethnic groups. The war spawned efforts at "ethnic cleansing"

of Muslims in Bosnia by the Serbian military and included mass murders, concentration camps and systematic raping of Muslim women. The majority of Bosnian refugees in the U.S. are Bosnian Muslims or are from “mixed marriages” referring to the marriage between a Muslim and a Christian. They are descendents of both Serbian and Croat Slavs who converted to Muslim after the Ottoman conquest of Bosnia in the 16<sup>th</sup> century. In general, they are not strongly religious Muslims and their religion has less impact on their health beliefs and practices than among Muslims of middle-eastern background. The primary language of Bosnian’s is Serbo-Croatian, and Bosnians now call their language “Bosnian”.

**Health Beliefs and Practices**

Health care is socialized in Bosnia, but is otherwise similar to health care in the U.S. Primary care is greatly emphasized, and treatments for chronic diseases such as diabetes, thyroid disease and coronary artery disease are similar.

**Health Risks in Refugees from Eastern Europe or Russia:**

- Nutritional deficit
- Hepatitis B
- Tuberculosis
- Post-traumatic stress disorder

**Vietnamese Immigrants**

Most Vietnamese refugees came to the U.S. after 1975, in an effort to escape Communist Vietnam or to join family who settled in the U.S. Vietnamese is their common language, and most Vietnamese are Buddhist, though many are Catholic.

The Vietnamese generally hold great respect for the elders in the community and those in authority. Decisions about health care are often family decisions and not a decision of the sick individual. Because Buddhism views life as a cycle of suffering and rebirth, preventive health care may not be sought and remedies for illnesses are sometimes delayed.

**Traditional Health Practices**

Traditional medical practitioners are common among Vietnamese in both Vietnam and the U.S. They may be called upon to excise an evil spirit that is making a person ill by chanting or having the person drink a magical potion. The concept of balance is

important to many Vietnamese, and illnesses are often thought to be caused by a lack of balance in one's spiritual life. Some practices and medications used to restore balance include:

- Coining (Cao gio)\*\*. "Catch the wind." A coin dipped in mentholated oil is vigorously rubbed across the skin in a prescribed manner, causing a mild dermabrasion. This practice is believed to release the excess force "wind" from the body and restore balance. It is frequently used to treat colds or flu symptoms, and may leave a pattern of erythematous marks across the skin.
- Cupping (Giac)\*\*. A series of small, heated glasses are placed on the skin, forming a suction that leaves a red circular mark, drawing out the bad force. It is also used to treat colds and flu symptoms.
- Pinching (Bat gio)\*\*. Similar to coining and cupping, the dermabrasion formed by pinching the skin allows the force to leave the body.

**\*\*Many of these practices are performed on young children, even infants. The temporary dermabrasions they produce should not be confused with child abuse or injury. These methods are used to treat illness, and not as discipline or to cause pain.**

- Steaming (Xong). A mixture of medicinal herbs is boiled, the steam is inhaled, and the body bathed.
- Balm. Various medicated oils or balms, like Tiger balm, are rubbed over the skin.
- Acupuncture. Specialized practitioners insert thin steel needles into specific locations known as vital-energy points. Each of these points has specific therapeutic effects on the corresponding organs.
- Acupressure or Massage. Fingers are pressed at the same points as with acupuncture, and together with massage, stimulate these points to maximize their therapeutic effects.

- Herbs. Various medicinal herbs are boiled in water in specific proportions or mixed with "wine" and consumed, for example in the postpartum, to restore balance.
- Patent Medicines. These powdered medicines come packaged usually from Thailand or China and are mixed or boiled with water and taken for prescribed ailments.

Generally, Vietnamese do not share the concept of mental illness as discrete from somatic illness and are therefore unlikely to seek psychiatric or psychological treatment.

### **Health Risks in Refugees from Vietnam:**

- Nutritional deficits
- Hepatitis B
- Tuberculosis
- Parasites (ringworm, hookworm, filaria, flukes, amoebae, giardia)
- Malaria
- HIV
- Hansen's disease
- Post Traumatic Stress Disorder

### **Indian Immigrants**

Prior to 1947, India was a colony within the British government. In 1947, India received independence and Pakistan was established as a separate nation from India. The border between India and Pakistan became not only a physical border but also a religious one with the majority of Hindus establishing residence in India and most Muslims settling in Pakistan. Conflicts arose at the border, between the Hindus and the Muslims, and continue today.

Hindi is the predominant language of Indians, and is spoken by more than 40% of the population. Many also speak English. There are, however, more than three hundred languages and dialects spoken in India. The caste system is part of Hinduism and the Indian culture. One is born into a particular caste based on karma, or events in one's past life. The goal of Hindus is to transcend the earthly cycle of death and reincarnation. All devout Hindus are vegetarian. This practice is based on the belief



that souls are reincarnated and may reside in plants or animals. Meditation is common and prayers are said prior to eating, asking forgiveness for the consumption of a plant or animal in which a soul might reside.

Many Indian immigrants to the U.S. are well educated and have come to work. There are some older, less-educated, first generation Indian immigrants who may not speak English and may need an interpreter.

Extended family is valued by the Indian culture. Grandparents may choose to live with their children and grandchildren and are intimately involved in childrearing. The man is traditionally the bread-winner and the woman traditionally manages the household, including family and financial issues. These roles have begun to blur however, in immigrant families residing in Western societies. Arranged marriages are still common and in an effort to please the parents who arranged the marriage, some couples will remain in abusive relationships.

### **Health Beliefs and Practices**

Ayurveda is the traditional system of Indian medicine. Ayurveda focuses on prevention and combines religion and medicine. Many herbal remedies are used and are considered the primary means for preventing and curing illness. In the tradition of Ayurvedic medicine, the body is composed of three primary forces, called dosha. An imbalance of one or more dosha causes alteration in health. Practitioners of Ayurveda also take into consideration the environment around the patient when diagnosing and prescribing treatment.

Common problems that children may encounter include fever, headache, cold, stomachache, diarrhea and constipation. Common Ayurvedic remedies for fever include fasting to remove toxins, sweating to digest toxins, drinking a mixture of raisins and crushed, boiled fresh ginger, and applying a sandalwood paste to the forehead. A headache may be treated by applying a paste of clove, cinnamon and almond to the headache or by massage. Remedies for the common cold include keeping the body warm, fasting, and drinking ginger and honey in water three times daily. A stomachache may be treated by applying heat to the area, ajowan seeds mixed with lemon juice and water and various dietary modifications including easily digested foods. Remedies for diarrhea include fasting, herbs, such as oak bark, marshmallow, nutmeg and pieces of pomegranate skin.

**Health Risks in Indian Immigrants:**

- Boutonneuse fever
- Cholera (especially after flooding in the monsoon season)
- Dengue fever (including dengue hemorrhagic fever)
- Encephalitis (Japanese)
- Filariasis
- Hepatitis
- HIV
- Hookworm
- Hymenolepiasis
- Leishmaniasis, visceral (kala azar) and cutaneous
- Leprosy
- Malaria
- Strongyloidiasis
- Typhus
- Trachoma
- Tuberculosis

**Migrants**

There are no universally accepted definitions of migrant or seasonal farm workers. According to the Office of Migrant Health, a migrant farm worker is an individual “whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months and who establishes for the purpose of such employment a temporary abode”<sup>9</sup>. There are an estimated three million migrant and seasonal farm workers and their dependents in the United States. Twelve percent of migrants live in Texas. Seventy three percent of all migrant farm workers are male and fifty five percent were born in Mexico<sup>10</sup>.

**Migrant Health**

There is very little comprehensive health data on the migrant population. There are no national farm worker health data reporting systems and population health surveys rarely include or identify migrant farm workers. What little data is available is usually based on small convenience samples and may not be representative of the true health of the migrant population. Many migrant families experience crowded and unsanitary living conditions and maintain a stressful and inconsistent lifestyle. They are often exposed to large amounts of pesticides, fertilizers and other toxic substances, and

have improper bathing facilities. Many of these families experience significant and complex health problems, yet their access to health care is limited and fragmented. Some significant health problems that have been identified in the migrant population include<sup>11</sup>:

- Occupational health problems such as lung disease, musculoskeletal injury and pain, traumatic, machine-related injuries and fatalities, disorders of reproduction such as miscarriages, infertility, limb reduction birth-defects, premature births, and pregnancy complications.
- Environmental health problems such as heat stroke, neurotoxic disorders and neurological dysfunction, infectious diseases such as acute gastroenteritis, zoonosis, urinary tract infections due to lack of sanitation and lower extremity infections and cellulitis due to inadequate foot protection.

Significant health issues for migrant children include all of the above-mentioned problems. In particular, dental decay is prevalent among migrant children. Lack of insurance and the high cost of dental care has been blamed for the paucity of dental care received by migrant children.<sup>12</sup>

The care of migrant children in school may be complicated by lack of written records, lack of immunizations, inconsistent follow up and language and cultural barriers. School nurses must spend extra time ensuring compliance with immunization requirements and performing case management for these students to ensure that they are able to access the health care system.

## References

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